



CONTRACT AMENDMENT

**ARIZONA DEPARTMENT
OF HEALTH SERVICES**

1740 W. Adams, Room
303

Phoenix, Arizona 85007
(602) 542-1040

Contract No: HP632209

Amendment No : 1

Procurement Officer:
Karen Boswell, CPM

Behavioral Health Services Administration-Maricopa County

1. Amendment Begin Date: 09/01/2007

It is mutually agreed that the contract referenced is amended as follows:

2. Pursuant to Special Terms and Conditions, Sections A-N, and Uniform Terms and Conditions Sections A-K, Attachments. Exhibits and definitions the Contract is Amended as follows:
3. Scope of Work Sections C,D,E,F,G,H,I,J,K,L,M: Replace current Scope of Work is amended as follows:
4. Replace current Capitation Price Sheet in its entirety with the Revised Capitation Price Sheet on page 2 of this Amendment.

All Other provisions shall remain in their entirety

Vendor hereby acknowledges receipt and acceptance of above amendment and that a signed copy must be filed with the Procurement Office before the effective date.

Signature / Date

Authorized Signatory's Name and Title:

The above referenced Contract Amendment is hereby executed this 4th day of September, 2007 at Phoenix, Arizona

Procurement Officer



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Contractor's Name: _____

EXHIBIT B: CAPITATION RATES


Contractor shall provide services as described in this Contract. ADHS will pay monthly capitation based on AHCCCSA eligibles to Contractor in accordance with the terms of this contract at the following rates:

Maricopa County	Total Capitation PMPM
Title XIX eligible children, under the age of 18 (represents the cost of providing covered behavioral health services to children), not enrolled in CMDP:	\$ 31.41
Title XIX eligible children, under the age of 18 (represents the cost of providing covered behavioral health services to children), enrolled in CMDP:	\$ 811.30
Title XIX eligible adults, age 18 and older (represents the cost of providing covered behavioral health services to serious mental illness adults):	\$ 99.72
Title XIX eligible adults, age 18 and older (represents the cost of providing covered behavioral health services to non-serious mental illness adults):	\$ 36.92
Title XXI eligible children under age 18 (represents the cost of providing covered behavioral health services to children):	\$ 16.57
Title XXI eligible adults age 18 (represents the cost of providing covered behavioral health services to serious mental illness and non-serious mental illness adults):	\$ 30.10
Title XXI eligible adults, age 18 and older, and whose family income is up to two hundred percent (200%) of the FPL (represents the cost of providing covered behavioral health services to serious mental illness adults):	\$ 20.61
Title XXI eligible adults, age 18 and older, and whose family income is up to two hundred percent (200%) of the FPL (represents the cost of providing covered behavioral health services to non-serious mental illness adults):	\$ 12.34
DES DD ALTCS eligible adults representing the cost of providing covered behavioral health services to DES DD ALTCS adults	\$ 119.23
DES DD ALTCS eligible children representing the cost of providing covered behavioral health services to DES DD ALTCS children	\$ 77.37

The DES-DD ALTCS rates are for the period 07/01/2006 through 06/30/2007

The new DES-DD ALTCS rates will be retroactive to 09/01/2007

Authorization for Services: Authorization for purchase of services under this contract shall be made only upon ADHS issuance of a Purchase Order that is signed by an authorized agent. The Purchase Order will indicate the contract

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number and the dollar amount of funds authorized. The Contractor shall only be authorized to perform services up to the amount on the Purchase Order. ADHS shall not have any legal obligation to pay for services in excess of the amount indicated on the Purchase Order. No further obligation for payment shall exist on behalf of ADHS unless a) the Purchase Order is changed or modified with an official ADHS Procurement Change Order, and/or b) an additional Purchase Order is issued for purchase of services under this contract.

1. Scope of Work C. Covered Behavioral Health Services and Managed Care Service Delivery 13. Requirements for Native Americans enrolled with the Tribal RBHA. Strike entire paragraph and replace with the following:

Contractor shall ensure that all covered services are available to all Title XIX and Title XXI eligible Native Americans, whether they live on or off reservation. Eligible Native American members may choose to receive services through a RBHA, TRBHA or at an IHS or 638 tribal provider.

DHS continues to work in collaboration with the tribes to ensure that appropriate and accessible behavioral health services are available and may enter into or maintain an Intergovernmental Agreement (IGA) for behavioral health services with interested tribes who want to be a Tribal Contractor. Tribal contractors may cover all or some behavioral health services. Contractor shall coordinate services for Native American members with Tribal contractors.

In the absence of an IGA, Contractor shall ensure that all covered services are available to all eligible Native Americans. Contractor has no responsibility for payment for behavioral health services rendered at an IHS facility or a 638 tribal entity for Native American Title XIX or Title XXI members; AHCCCSA is responsible for these payments. Contractor is responsible for payment for behavioral health services referred off reservation from an IHS or tribal facility and emergency services rendered at non-IHS facilities to Native American behavioral health recipients. Contractor may serve eligible Native Americans on reservation with agreement from the tribe.

2. Scope of Work C. Covered Behavioral Health Services and Managed Care Service Delivery 1. General Requirements (c) Add the following language(underlined and bold):

c. ADHS/DBHS Provider Manual, which contains service delivery policies that shall be adhered to by providers. The Contractor is required to add the Contractor's specific provider operational requirements and information into the ADHS/DBHS Provider Manual. DHS will provide the Contractor an electronic version of the ADHS/DBHS Provider Manual that allows the Contractor to add Contractor specific information within the ADHS/DBHS Provider Manual. **The Contractor shall ensure that the ADHS/DBHS Policy Office is copied on all communication regarding updates to the Contractor specific Provider Manual. Policy content created or deleted by the Contractor is subject to prior approval, as outlined in the ADHS/DBHS Provider Manual.**


3. Scope of Work C. Covered Behavioral Health Services and Managed Care Service Delivery 7. Specific Service Components (a.) Crisis Response Network. Add the underlined language in bold:

When a qualified service provider determines that a person receiving services may need court-ordered evaluation pursuant to A.R.S. § 36-520 et seq.

(<http://www.azleg.state.az.us/FormatDocument.asp?inDoc=/ars/36/00520.htm&Title=36&DocType=ARS>), the individual's qualified service provider or assigned Clinical Liaison is required to complete and submit a petition, a pre-petition screening report, and any other relevant documentation to the Legal Department at Maricopa Integrated Health System's (MIHS) **as outlined in the Contractors Edition of the Provider Manual.**

4. Scope of Work L. Collection and Billing 1. Coordination of Behavioral Health Benefits and Third Party Liability, replace the word "cause" with the word "existence":

The Contractor shall determine the liability of third parties that are obligated to pay for covered behavioral health services. The Contractor shall cost-avoid a claim if it determines there is probable **existence** or has information that third-party liability exists. The Contractor shall process all claims when it determines there is no probable cause or has no information that third-party liability exists at the time the claim is filed.

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5. Scope of Work C. Covered Behavioral Health Services and Managed Care Service Delivery 9. PNO Service Delivery Requirements for Services Delivered to Children. Add the underlined bold language:

The Contractor shall operate the delivery system in accordance with the Arizona Vision and the twelve (12) Arizona Principles as set forth in the JK Settlement Agreement and the Title XIX Children's System of Care Plan. Effective December 31, 2008 pending clarification by ADHS regarding Child and Family Team variation based upon complexity of need of the child and family, all Title XIX/XXI children enrolled for ninety (90) days or longer are expected to have a functioning Child and Family Team. The Contractor shall participate in the CFT reviews using the tool and processes established by ADHS.

4. Annual Children's System of Care Plan:

The Contractor's Annual Children's System of Care plan shall be aligned with the goals and objectives set forth in the ADHS Children's System of Care Plan. The Contractor shall implement their Annual Children's system of care Plan, and shall be subject to incentives and penalties for performance based on minimum performance expectations and benchmarks, as identified in Special Terms and Conditions.

5. Case Managers:

Effective December 31, 2008 pending clarification by ADHS regarding the definition of "high complexity/ high intensity," all high complexity/high intensity children shall have an assigned Case Manager.

a) Incentives

The Contractor can earn an incentive by increasing the units of support and rehabilitation services by at least 15 % for each GSA (beginning with Fiscal Year 2006 for Fiscal Year 2008 incentives). Support and rehabilitation services included in the calculation are identified in the ADHS/DBHS Performance Improvement Specifications Manual.

	Increase Percentage	Earned Incentive	Home Care Training to Clients	Other Targeted Services
Increase in units	25 %	100 %	\$	\$
	20 %	50 %	\$	\$
	15%	25 %	\$	\$

6. Support and Rehabilitation Services

6. Scope of Work F. Customer Services 5. Member Information d. Information Dissemination 3rd sentence in 1st paragraph add the bolded underlined language:

The Contractor shall submit all behavioral health recipient information materials to the ADHS/DBHS Policy Office for approval prior to distribution. At a minimum, the Contractor shall distribute information to the following groups:

7. Scope of Work J. Compliance 1. Corporate Compliance Add language to last paragraph:

The Contractor's most current Corporate Compliance Plan is due to ADHS/DBHS on 12/01/2007 and annually on October 1st for each Contract Year.

The Contractor and its subcontractors shall train their staff on the following aspects of the Federal False Claims Act provisions:

- The administrative remedies for false claims and statements;
- Any state laws relating to civil or criminal penalties for false claims and statements;
- The whistleblower protections under such laws.

8. Scope of Work C. Add new Section: 15. Services Delivered to Title XIX and Title XXI Persons; Service Delivery Requirements



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The Contractor shall ensure that the following activities are performed for all Title XIX and Title XXI members:

- a. Assessments and treatment recommendations are completed in collaboration with member/family and with clinical input from a clinician who is credentialed and privileged and who is either a behavioral health professional or a behavioral health technician under the supervision of a behavioral health professional. [42 CFR 438.208(c)(2) and (3)]
- b. A clinician deemed competent, privileged and credentialed by the Contractor is assigned and responsible for providing clinical oversight, working in collaboration with the member and his/her family or significant others to implement an effective treatment plan, and serving as the point of contact, coordination and communication with other systems where clinical knowledge of the case is important. [42 CFR 438.208(b)(1)]
- c. Responsibility is defined or assigned to ensure the following activities are performed as part of the service delivery process:
 1. Ongoing engagement of the member, family and others who are significant in meeting the behavioral health needs of the member, including active participation in decision-making process.
 2. Assessments are performed to elicit strengths, needs and goals of the member and his/her family, identify the need for further or specialty evaluations that lead to a treatment plan which will effectively meet the member's needs and result in improved health outcomes.
 3. For members referred for or identified as needing ongoing psychotropic medications for a behavioral health condition, ensure the review of the initial assessment and treatment recommendations by a licensed medical practitioner with prescribing privileges.
 4. Provision of all covered services as identified on the treatment plan that are clinically sound, medically necessary, include referral to community resources as appropriate and for children, services are provided consistent with the Arizona Vision and Principles.
 5. Continuous evaluation of the effectiveness of treatment through the ongoing assessment of the member and input from the member and other relevant persons resulting in modification to the treatment plan, if necessary.
 6. Ongoing collaboration, including the communication of appropriate clinical information, with other individuals and/or entities with whom delivery and coordination of covered services is important to achieving positive outcomes, e.g., primary care providers, school, child welfare, juvenile or adult probations, other involved service providers.
 7. As applicable, clinical oversight to ensure continuity of care between inpatient and outpatient settings, services and supports.
 8. Transfers out-of-area, out-of-state, or to an ALTCS Contractor, as applicable.
 9. Development and implementation of transition, discharge, and aftercare plans prior to discontinuation of behavioral health services.
 10. Documentation of the above is maintained in the member's behavioral health record by the point of contact as identified in (b.) above.


9. Scope of Work I. Administrative Structure and Organization, 1. Organizational Structure and Staffing a. Key Personnel Paragraph 7, Add language after the last sentence:

If key personnel are not available for work under this contract for a continuous period exceeding thirty (30) days, or are no longer working full-time in the key position, Contractor shall notify DHS within seven (7) days.

10. Scope of Work D. Network Development 9. Network and Provider Subcontracts (a.) Add new Paragraph:

The Contractor shall notify ADHS/DBHS within ten (10) days upon discovery of any situation that could reasonably be expected to affect a subcontractor's ability to carry out its obligations under their agreement.

11. Scope of Work D. Network Development 9. Network and Provider Subcontracts Add underlined bolded language:

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The Contractor shall submit sample copies of all PNO, Crisis Response Network and qualified service provider subcontracts to the **Bureau of Compliance**, in accordance with Exhibit A of this Contract, to ADHS for approval prior to the Contract Start Date, within 30 days of subcontract execution, and when the Contractor makes any material change to a PNO or qualified service provider subcontract.

12. Scope of Work D. Network Development 9. Network and Provider Subcontracts b. xii. Add underlined bold language:

xii. obtainment and maintenance of all insurance policies required in this Contract and submission of a copy of all insurance certificates to the Contractor;

13. Scope of Work M. Finance and Rates 2. Performance Guarantees and Incentives Add language to 3rd paragraph:

A prerequisite for qualifying for incentive payments based on the Performance Guarantees in Attachment C is that the Contractor shall meet all contractually required data and encounter submission requirements outlined in the **Performance Improvement Specifications Manual** and Financial Reporting Guide for Regional Behavioral Health Authorities. In addition, the Contractor must submit accurate demographic data for at least eighty-five percent (85%) of all enrolled behavioral health recipients within fifty-five (55) days of enrollment in accordance with the ADHS/DBHS Provider Manual, ADHS/DBHS Policy Clarification Memorandum dated December 1, 2006

14. Scope of Work G. Management of Care 5. Performance Measures Table-1 Aspect of Performance. Add language underlined and in bold:

Change Quality Clinical outcomes: to Symptomatic Improvement: Threshold to 85% and Goal to 90%
Coordination of care w/ AHCCCS health Plans/PCPs: Mnimum Performance Threshold to 80% Goal to 90%
Cultural Competency Threshold to 75%
Informed Consent for psychotropic medications threshold to 85%

15. Scope of Work J. Compliance 3. Corrective Action, Notice to Cure, Sanctions, and Appeal Rights 2nd paragraph Change language underlined and bold:

The Contractor agrees that ADHS shall determine, at its sole discretion, the amount of sanction and shall provide written notice to the Contractor specifying the sanction, the grounds for the sanction, identification of any subcontracted providers involved in the violation, if known, the amount of funds to be withheld from **the Contractors administrative revenue** payments, and the steps necessary to avoid future sanctions.

16. Scope of Work H. Complaints, serious Mental Illness Grievances, member appeals and provider claim disputes:
The Contractor shall meet with ADHS quarterly to share information, follow up on corrective actions or other contractual remedies invoked, and to discuss and resolve issues.

17. Scope of Work D. Network Development 8. Network Reporting requirements d. Quarterly Network Status Reports Add underlined bold language:

Each section shall include the following elements for providers lost and gained, **prescribers lost and gained and prescriber sufficiency analysis**: the name and address of each provider, provider type, contracted capacity,

18. Scope of Work D. Network Development, 8. Network reporting requirements (e.) Annual network Inventory. Add the following underlined/bold new language:

An Annual Inventory of contracted capacity for inpatient, subacute, RTC, residential and other facility-based services due on March 15th of each Contract Year.

Effective March 15, 2008 and quarterly thereafter, an electronic inventory of staff delivering outpatient services in the behavioral health system. The inventory shall provide counts for all levels of licensed staff (physicians, registered nurses, master's level clinicians, etc.) and for all behavioral health technician and paraprofessional staff in a format prescribed by ADHS/DBHS.



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19. Scope of Work, throughout contract, change the following language:

Change Clinical Guidance Documents to: Clinical **and Recovery Practice Protocol**

20. Scope of Work, C. Covered Behavioral Health Services and Managed Care, 4. Network Service Delivery, 6. Integration, collaboration and continuity of care, C. System Collaboration d. maintaining continuity of care Add new language:

The Contractor shall develop, implement, and monitor written policies and procedures consistent with the ADHS/DBHS Provider Manual, the ADHS/DBHS Policies and Procedures Manual and Network Management requirements regarding continuity of care. **These written policies and procedures shall be reviewed on an annual basis and updated as needed. A copy of each shall be provided to DHS for review and approval prior to implementation.**

21. Scope of Work G. Management of care, 4. Quality Management Requirements (a.) Add paragraph as follows:

The Contractor shall actively participate in the Children's System of Care Practice Review Process. This includes, but is not limited to cooperating with family interviewers, collecting and submitting data, completing chart reviews and team observations, per direction from ADHS. Information collected from these reviews shall be used to improve practice according to the Arizona twelve (12) Principles. The Contractor shall disseminate performance review findings, and related performance improvement and quality management activities, to the public through multiple approaches. These approaches shall be identified in the Children's System of Care Plan beginning November 1, 2007, and shall include, but are not limited to, posting of information on the Contractor website.

The Contractor shall conduct peer review to assess quality of care, in accordance with the AMPM chapter 900.

22. Scope of Work G. Management of care, 4. Quality Management Requirements (b.) Add language underlined/bold as follows:

The Contractor shall submit timely, accurate, and complete data or shall be subject to corrective action, notice to cure, sanction, or other remedies available under this Contract. **The Contractor shall submit all data and reports per the ADHS Performance Improvement Specifications Manual, unless otherwise specified by ADHS.**


23. Special Terms and Conditions F. Risks and Liabilities 2. Insurance, ~~strike~~ last sentence from paragraph

24. Special Terms and Conditions E. Documents Incorporated by Reference 1. Documents Incorporated by Reference. Add the following Documents:

Implementation Milestones
Magellan Proposal and Evaluation
ADHS/DBHS Clinical and Recovery Practice Protocol
Housing Guidelines Manual
Annual Children's System of Care Plan
Arizona Children's System of Care Vision and Principles Plan
Arizona System Principles
Principles for Persons with Serious Mental Illness
ADHS Demographic Users Guide
Cultural Competency Plan
ADHS/DBHS Clinical and Recovery Practice Protocols:
Home Care Training to Clients
Peer Workers/Recovery Support Specialists within Behavioral Health Agencies
Assessing Suicidal Risk

25. Uniform Terms and Conditions C. Contract Administration and Operation 1. Records, add the underlined bold language:

and other "records" relating to the acquisition and performance of the Contractor or for a period of six (6) after the completion of the Contract

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26. Attachments and Exhibits Exhibit –A

Monthly Reports-update these reports:

Comprehensive Report of Persons Identified as in Need of Special Assistance
Seclusion/Restraint Monthly Summary Report Concerning Persons with SMI and Children

ADD these reports:

Seclusion/Restraint Monthly Summary Report Concerning all Enrolled Persons 10 days after month end to Appropriate Human Rights Committee in that Region
Monthly Community Placement Addresses Report (Current Census) 15 days after month end to ADHS Housing Dept and Arnold Team
RBHA Supervisory Care Home Monthly Census Report 15 days after month end to ADHS Clinical Oversight and Arnold Team

Change these Quarterly Reports:

Quarterly Trending Analysis – Incident, Accidents and Deaths **45** days after quarter end to Contract Performance Improvement Specifications Manual

ADD these Quarterly reports:

RBHA Supervisory Care Home Quarterly Report 15 days after quarter end to ADHS Clinical Oversight Dept and Arnold Team
Screening & Evaluation Report By the 10th business day following the quarter to Office of Financial Review
Data Validation Report 15 days from the end of the quarter Program Support Manual to Office of Program Support
Schedule of Data Validation Review 30 days prior to start of quarter Program Support Manual to Office of Program Support
Out of State Placements Summary 15 days after end of quarter to Bureau of Quality Management Operations

Change these Annual reports:


Annual Children's System of Care Work Plan change to: **30 days after DBHS planning meeting**
Annual Non-Title XIX Service Prioritization change to: **May 30 of each Contract Year**
Assurance of Network Adequacy and Sufficiency **May 30, 2008 and each year thereafter**
Annual Housing Plan change to: **Not later than 45 days from notification by ADHS that state funds have been allocated for housing development in a format specified by ADHS/DBHS Contract; Housing Guidelines Manual, Housing Review Committee Process and Desk top Protocol**
Final Audited Financial Statements for All Related Parties Earning Revenue under this Contract change to: **120 days** after fiscal year end
Corporate Compliance Plan, send to: **Office of Program Integrity**

ADD these annual reports:

Behavioral Health Recipient Satisfaction Survey Upon ADHS/DBHS request to Bureau of Quality Management Operations
Prevention Program Description June 30 of each Contract Year ADHS/DBHS Prevention Framework for behavioral health
Clinical and Recovery Services
Cultural Competency Plan August 15 of each Contract Year Diversity and Inclusion Administrator
Collaborative Protocols with State/County Agencies Reviewed on an annual basis and updated as needed by December 31
Clinical and Recovery Services

CHANGE these Ad hoc reports:

Report of significant incident/accidents **and all cases of suspected abuse and neglect**
Mortality Review for **all Enrolled Members**, Bureau of QM Operations **and Office of Human Rights**
Contractor Response to Complaints (**response to problem resolution**) **Bureau of Consumer Rights**
Incidents of Suspected Fraud or Abuse **Office of Program Integrity**
Grievance or Request for Investigation for **a Person** in Need of Special Assistance
Incident and Accident Reports Concerning Persons with Serious Mental Illness **on a weekly/monthly basis according to**

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arrangement with the Office of Human Rights

Notification of a Person No Longer in Need of Special Assistance

Notification of a Person in Need of Special Assistance

Redacted Incidents and Accidents Reports Concerning All Behavioral Health recipients **On a weekly/monthly basis according to**

arrangement with the appropriate Human Rights Committee

Redacted Restraint and Seclusion Reports Concerning **All Enrolled Persons On a weekly/monthly basis according to**

arrangement with the appropriate Human Rights Committee

Copies of **All** PNO and Qualified Service Provider Subcontracts

Delete the Adhoc report for **Out of State Placements**

ADD these Ad hoc reports:

Fee For Service Check Register Upon ADHS/DBHS Request Program Support Manual Office of Program Support.

RBHA sample audit of SMI residents currently in Supervisory Care Homes or Discharged from a SCH using the Monitor's


Case File Review Tool As specified on a request from ADHS Arnold Team.

RBHA sample audit of SMI consumers discharged from ASH using the Monitor's Case File review Tool As specified on a request from ADHS Arnold Team.


Complete and Valid Certificates of all Insurance (Acord Certificates, Workers Comp. or approved equivalent) Initial Copies of all Subcontractor Insurance Certificates and when renewed or changed thereafter Bureau of Compliance

Exhibit-A Milestones: Add the following language to documents incorporated by reference and to the Deliverable Matrix in Exhibit-A:

Human Resources and Staffing	Milestone	By 08/15/07 Key Personnel, organizational staff and liaisons are hired and trained By 08/15/07 Shared Governance Structure in place and Operational	Implementation Milestones	Bureau of Compliance
Compliance	Milestone	By 09/01/07 Magellan Health Services of Arizona website operational and contains all required content	Implementation Milestones	Bureau of Compliance
Finance	Milestone	Performance Bond or Approval Letter of Credit (LOC) obtained and sent to the Office Manager of the Office of Financial Review, w/in 30 days of notification by ADHS	Implementation Milestones	Bureau of Compliance
ITS	Milestone	By 08/03/07, demonstrated information systems capability for Intakes (834), Closures (834) and Demographic transactions having successfully passed documented testing criteria By 08/24/07, demonstrated information systems capability for Professional (837P), Institutional (837I) and Drug (NCPDP) encounter transactions having successfully passed documented testing criteria	Implementation Milestones	Bureau of Compliance
Fraud and Abuse	Milestone	By 01/01/08, first internal control fraud and abuse based audit of contractor and providers is conducted	Implementation Milestones	Bureau of Compliance
Telephones	Milestone	By 08/25/07, telephone system is fully operational as evidenced by <ul style="list-style-type: none"> ▪ 1-800 Crisis line ▪ 1-800 Customer Service ▪ Language line in place for crisis and customer service ▪ Crisis and customer service phones have dual handsets and direct line to interpretation service ▪ Dedicated TTY Line is fully operational 	Implementation Milestones	Bureau of Compliance

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Customer Service	Milestone	By 08/25/07, Customer Service staff are hired, trained and available to take phone calls related to transition issues By 08/25/07, customer service trends and analyzes data to identify issues and takes action to resolve issues	Implementation Milestones	Bureau of Compliance
Service Delivery	Milestone	By 08/22/07 the Contractor has established shared databases including: <ul style="list-style-type: none"> ▪ Residential Capacity Database; ▪ Unmet Service Needs; ▪ Outpatient Appointment Availability By 08/22/07, necessary structure and resources in place to conduct SMI Determinations beginning 09/01/07 Transition of Direct Care Clinics occurs in accordance with the transition schedule in the Contract	Implementation Milestones	Bureau of Compliance
Network	Milestone	By 08/22/07, the Contractor shall have a provider network as evidenced by executed contracts for the following: <ul style="list-style-type: none"> ▪ At least 3 Children's PNO's ▪ Adult providers for persons with substance abuse conditions and general mental health needs ▪ Prevention providers; ▪ Crisis Response Network; ▪ PBM Contractor ▪ Sign Language and Interpretation services ▪ By 04/01/08, consumer-operated and consumer-delivered services are expanded to 3% of service dollars 	Implementation Milestones	Bureau of Compliance
Grievance Systems	Milestone	By 08/15/07, the following components of the Grievance System are operating: <ul style="list-style-type: none"> ▪ OGA Database is installed and operational, and the Contractor has been trained and obtained ITS security approvals to enter data ▪ Form letters used in processing appeals, grievance and claims disputes are developed, approved by ADHS/DBHS OGA and available for use prior to 09/01/07. By 09/01/07 open, pending cases are successfully transitioned from outgoing Contractor to Magellan	Implementation Milestones	Bureau of Compliance
Quality/Utilization Management	Milestone	By 01/01/08, caseload ratios for persons with serious mental illness shall conform to the caseload ratios in the Maricopa County Case Management and Clinical Team Services Strategic Plan. Case manager ratios shall be 1:10 for ACT Teams, 1:30 for supportive teams, and 1:70 for connective teams. Prescriber ratios shall be 1:100 for ACT Teams, 1:250 for supportive teams, and 1:350 for connective teams	Implementation Milestones	Bureau of Compliance
Care Management	Milestone	By 08/08/07, the Contractor shall demonstrate the following in regards to their ability to perform prior authorization and concurrent review: <ul style="list-style-type: none"> ▪ Adequate, qualified staff, including physician advisors ▪ Provider notices regarding procedures ▪ Policies and procedures that comply with 42 CFR and ADHS' Policy and Provider Manuals ▪ A functional data system for tracking authorizations 	Implementation Milestones	Bureau of Compliance

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Arnold Requirements	Milestone	By 03/31/08: <ul style="list-style-type: none"> ▪ C4-Priority clients have periodic reviews at least every 6 months (85%) ▪ C9-Class members participate in planning and development of their ISP (80%) ▪ C10-Class members in need of special assistance are offered or provided reasonable assistance by ADHS or the RBHA in the ISP and grievance processes (80%) ▪ Class members in inpatient treatment for more than 7 days have an ITDP derived from their ISP (85%) 	Implementation Milestones	Bureau of Compliance
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Attachment B:

Minimum Network Requirements:

Add the Following:

Add: **Home Care Training to Home Care Client**

Number of Contracted homes for children

Number of Contracted homes for adults

Community Service Agencies:

Add: **Number that are family-based organizations**

Behavioral Health Recipients to Deliver Peer Support Services:

Delete: Full Time Equivalents

Add: **Individuals...for adult services**

Individuals working in community service agencies or outpatient agencies for children's services

Family Members to Deliver Peer Support/**Family Support** Services:

Delete: Full Time Equivalents

Add: **Individuals...for adult services**

Individuals working in community service agencies or outpatient agencies for children's services

Add: Unskilled Respite Care for Children

Number of respite beds

Number of facility-based respite providers

Number of in-home respite providers (agencies and CSA's)

Add: B/H Support Services for Children (personal Care, Home Care Training Family/Family Support)

Number of licensed agencies serving children

Number of community service agencies/habilitation providers serving children

Add: B/H Rehabilitation Services for Children (Skills Training and Development, Psychosocial Rehabilitation

Living Skills Training, B/H Prevention/Promotion Education and Medication Training, Psychoeducational

Services and Ongoing Support to Maintain Employment

Number of licensed agencies serving children

Number of community service agencies/habilitation providers serving children